



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

NO FEE TRANSMITTAL for FY 2003		Complete if Known	
<i>Patent fees are subject to annual revision, Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 AND 1.28</i>		Application Number	09/804,672
		Filing Date	March 9, 2001
		First Named Inventor	David Reed
		Examiner Name	Cheryl Renea Lewis
		Group/Art Unit	2177
TOTAL AMOUNT OF PAYMENT	(\$) 0.00	Attorney Docket No.	50277-1945
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302. A duplicate of this sheet is enclosed.		3. ADDITIONAL FEES	
Deposit Account Number: 50-1302		Large Entity Fee Code (\$)	
Deposit Account Name: Hickman Palermo Truong & Becker, LLP		Small Entity Fee Code (\$)	
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Fee Description	
3. <input type="checkbox"/> Applicant(s) is entitled to small entity status. See 37 CFR 1.27.		Fee Paid	
FEE CALCULATION		Fee Description	
1. BASIC FILING FEE		Fee Description	
Large Entity Fee Code (\$)		Fee Description	
Small Entity Fee Code (\$)		Fee Description	
Fee Description		Fee Description	
Fee Paid		Fee Description	
SUBTOTAL (1)		SUBTOTAL (3)	
2. EXTRA CLAIM FEES		SUBTOTAL (3)	
Total Claims		SUBTOTAL (3)	
Independent Claims		SUBTOTAL (3)	
Multiple Dependent		SUBTOTAL (3)	
**or number previously paid, if greater; For Reissues, see below		SUBTOTAL (3)	
Large Entity Fee Code (\$)		SUBTOTAL (3)	
Small Entity Fee Code (\$)		SUBTOTAL (3)	
Fee Description		SUBTOTAL (3)	
1202 18 2202 9 Claims in excess of 20		SUBTOTAL (3)	
1201 86 2201 43 Independent claims in excess of 3		SUBTOTAL (3)	
1203 290 2203 145 Multiple dependent claim, if not paid		SUBTOTAL (3)	
1204 86 2204 43 **Reissue independent claims over original patent		SUBTOTAL (3)	
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent		SUBTOTAL (3)	
SUBTOTAL (2)		SUBTOTAL (3)	
SUBMITTED BY		SUBTOTAL (3)	
Name (Print/Type) Craig G. Holmes		SUBTOTAL (3)	
Signature		SUBTOTAL (3)	
Registration No. (Attorney/Agent) 44,770		SUBTOTAL (3)	
Telephone (408) 414-1080		SUBTOTAL (3)	
Date March 1, 2004		SUBTOTAL (3)	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Non Fee Amend, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.